CERTIFICATION FOR INDIRECT COST RATE

	PO Box 202501 Due May 31, 2004 Helena, MT 59620-2501					
Legal Entity #	School Dist. #	School Name		County	Level	
0506	27	Whitlash Elem		26	EL	
Proposed Restric	cted Indirect Cost Rat	e % (Ro	und to nearest h	undredth (X.)	(X%) of a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accord A-87, "Cost Princip	ance with the requirem les for State and Local	stablish the final indirect ents of the Federal awa Governments." Unallow rmined Indirect Cost Allo	rd(s) to which th vable costs hav	ney apply ar e been adju	nd OMB Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	regoing is true and cor ict Superintendent or	Board St	reet Address o	or P.O. Box		
Printed Name of A	authorized Official	Bo Ci	ox 91 ty	Z	ip Code	
		$ \mathbf{w} $	hitlash	5	9545	
Title		Da				
Send cor	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTEND	ENT OF PUBL	IC INSTRU	CTION BY:	
Ар	proved Rate for FY20		ate Approved			
		Sig	gnature			

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0508	J	J-I K-12 Schools		26	K12
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory or your rate.				
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently
Signature of District Superintendent or Board Chairperson Street Address or P.O. Box					
Printed Name of A	uthorized Official		PO Box 89 City	Z	Zip Code
			Joplin	5	59531
Title			Date	1	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 20			2004		
Legal Entity #	School Dist. #	School Name		County	Level		
0510	33	Chester Elem		26	EL		
Proposed Restric	Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent.)						
	Complete and submit we submitted for the electory of your rate.						
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:							
allowable in accorda	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which allowable costs have	they apply ar ve been adju	nd OMB Circular		
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have been es of costs have be	they are allo en treated as een accounto	ocated in s indirect costs ed for consistently		
Signature of District Superintendent or Board Chairperson Street Address or P.O. Box							
Printed Name of Authorized Official			Box 550 City	Z	Zip Code		
			Chester	5	59522		
Title			Date				
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction					
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:		
Ар	proved Rate for FY20	004	Date Approved				
Signature							

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 lelena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0511	33	Chester H S		26	HS
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory oval of your rate.				
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
allowable in accorda	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which tellowable costs have	they apply arve been adju	nd OMB Circular
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
I declare that the foregoing is true and correct. Signature of District Superintendent or Board Chairperson Street Address or P.O. Box					
Printed Name of A	uthorized Official		Box 550 City	Z	Zip Code
			Chester	5	59522
Title			Date		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
1224	10	Liberty Elem		26	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which to which to which to which to which the ward to ward the ward to ward the ward to ward to ward the ward the ward to ward the ward the ward to ward the ward the ward to ward the ward to ward the ward the ward to ward the ward the ward to ward the ward the ward to ward the ward the ward to ward the ward the ward the ward the ward the	they apply a ve been adju	nd OMB Circular
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently
Signature of District Superintendent or Board Street Address or P.O. Box Chairperson					
Printed Name of Authorized Official			Rural Route Nort City		Zip Code
			Galata	5	59444
Title			Date		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501					
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		